2004 Calendar Year

Doctor Visit Tracking Form

	Family Member Name	1st Visit Date (@ Copay)	2nd Visit Date (@ Copay)	3rd Visit Date (@ Copay)	4th Visit Date (@ Copay)	5th Visit
Example	Mom	01/04/03	03/15/03	03/30/03	05/14/03	
Family Member 1						
Family Member 2						**Copay no longer applies after 4th office visit in a calendar year (per covered member).**
Family Member 3						
Family Member 4						Meet deductible for each family member and then for each family member:
Family Member 5						
Family Member 6						✓ CORPlan pays 80% ✓ you pay 20%.